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Fill	in this information to identify your	case:							
	otor 1 Heather A.								
	otor 2				_				
Uni	ted States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF ILLINOIS		_				
Cas	se number 19-02604				С	heck if this is:			
(If kn	nown)		•			An amende	d filing		
						A suppleme 13 income a		g postpetition llowing date:	
<u>O</u>	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/1
spo atta	plying correct information. If you use. If you are separated and yo ch a separate sheet to this form. Describe Employment	ur spouse is not filing wi On the top of any addition	th you, do not includ	de infori	nation ab	out your spo	use. If mo	re space is	needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fil	ing spouse	
	If you have more than one job,		☐ Employed			☐ Emplo	yed		
	attach a separate page with information about additional	Employment status*	■ Not employed			☐ Not er	mployed		
	employers.	Occupation	Billing Specialis	it					
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed th		achmen	for Addi	tional Emplo	yment Info	ormation	
Par	Give Details About Mo	nthly Income							
spou	mate monthly income as of the ouse unless you are separated.		, G		,			•	J
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information	n for all e	mployers	for that perso	n on the lir	nes below. If	you need
					For	Debtor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sale deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$	0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Heather A. Stark	_	Case	number (if known)	19-0	2604		
	Cop	by line 4 here	4.	Fo:	r Debtor 1		Debtor a-filing s		
5.		all payroll deductions:							<u>-</u>
5.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h	\$ _ \$ _ \$ _ \$ _ \$ _ - -	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ + \$		N/A N/A N/A N/A N/A N/A	- - - - -
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$		N/A	_
8.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income part time job (Gross \$351) Other monthly income. Specify: (Tax\$110) + tips	8c. 8d. 8e.	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -		\$ \$ \$ +		N/A N/A N/A N/A N/A	- - - -
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,322.00	\$		N/A	Α
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,322.00 + \$		N/A	= \$_	2,322.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen		•		Schedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12.	\$	2,322.00
13.	Do y ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?					Combi month	ned ly income

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Debtor 1	Heather A. Stark	Case number (if known)	19-02604	

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Bartender	
Name of Employer	Backroads Bar & Grill	
How long employed	8/2018	
Address of Employer		
	Plainfield, IL 60544	

Official Form 106I Schedule I: Your Income page 3